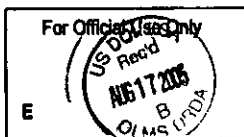


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9146</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>RANDALL N. DiPaolo</u> P.O. Box Bldg Room No if any _____ Street <u>7193 Jonestown Road</u> City <u>Harrisburg</u> State <u>PA</u> ZIP Code + 4 <u>17112</u>	4 Name file number and address of labor organization Name <u>Local 520 Plumbers & Pipefitters</u> Labor Organization File Number <u>004051</u> P.O. Box Building and Room Number if any _____ Street <u>7193 Jonestown Road</u> City <u>Harrisburg</u> State <u>PA</u> ZIP Code + 4 <u>17112</u>
5 Position in labor organization <u>Financial Secretary Health and Welfare Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ _____ _____ 7 b Amount _____

Signature

16 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Randall N. DiPaolo

On

8/11/05

Date

(717) (652 3135) Ext 6

Telephone Number

Name of Person Filing

Randall N D. Palo

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Plumbers & Pipefitters Local 520 Annuity Fund
 Name Plumbers & Pipefitters Local 520 Pension Fund
 Plumbers & Pipefitters Local 520 Annuity Fund

Trade Name if any

P O Box Bldg Room No if any

P O Box 6480

Street

City

HARRBURG

State

Pa

ZIP Code + 4

17112

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg. Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Contributions to 302 (c) (5)
 employee benefits fund. trust

11 b. Approximate dollar value of such dealing

2672

12 a Nature of interest held or income received

Education Reimbursement

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer



or Consultant



?

14 b Amount of payment.

Name of Person Filing RANDALL N D'PALO	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any) Name DI EVANS Associates Inc Trade Name if any _____ P O Box Bldg Room No if any Suite #14 Street 2207 Forest Hills Dr. City Harrisburg State PA ZIP Code + 4 17112	9 Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10 If 9.b. or 9.c. is checked give trust or employer's name. Plumbers & Pipefitters Local 520 Annuity Fund Name Plumbers & Pipefitters Local 520 Pension Fund Plumbers & Pipefitters Local 520 Health & Welfare Fund Trade Name if any _____ P O Box, Bldg. Room No. if any P.O. Box 6480 Street _____ City Harrisburg State PA ZIP Code + 4 17112	11 a Nature of such dealing Contract Administrator for the Fund 11 b. Approximate dollar value of such dealing. 125.90 12 a Nature of interest held or income received Gift 12 b Amount _____
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ 13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a. Nature of payment. _____ 14 b. Amount of payment. _____
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